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FILING DATE

28075 7590 11/21/2006

CROMPTON, SEAGER & TUFTE, LLC

SUITE 800

APPLICATION NO.

1221 NICOLLET AVENUE MINNEAPOLIS, MN 55403-2420 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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(Depositor's name)	. Boekley	Kathleen L			
(Signature)	Boelley	Karhen X			
(Date)	, 2007	February 15, 2007			
CONFIRMATION NO.	ATTORNEY DOCKET NO.	FIRST NAMED INVENTOR			

1001.1766101

4203

10/792 076 03/02/2004 Elaine Lim TITLE OF INVENTION: OCCLUSION BALLOON CATHETER WITH LONGITUDINALLY EXPANDABLE BALLOON

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE TOTAL FEE(S)		DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/21/2007
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
THANH	, LOAN H	3763	606-194000			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached. The Address' indication (or "Fee Address' Indication form PTO/SB147; Rev 0.3-02 or more recent) attached. Use of a Customer Number is frequisited. The Address' Indication (or Incomplete Address' Indication form PTO/SB147; Rev 0.3-02 or more recent) attached. Use of a Customer Number is frequisited. The Address' Indication form PTO/SB147; Rev 0.3-02 or more recent) attached. Use of a Customer Number is frequisited. The Address' Indication form PTO/SB147; Rev 0.3-02 or more recent) attached. Use of a Customer Number is frequisited. The Address' Indication form Indication form PTO/SB147; Rev 0.3-02 or more recent) attached. Use of a Customer Number is frequisited. The Address' Indication form PTO/SB127 or more recent indication form PTO/SB147; Rev 0.3-02 or more recent indication form PTO/SB			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be orinion.		TUFTE,	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

0----- 0-1---161- 0-1--- 1--

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

boston scientific scined,	map	e grove,	minnesota	
Please check the appropriate assignee category or categori	ies (will not be printed on the patent):	☐ Individual	Corporation or other private group entity	Government
4a. The following fee(s) are submitted:	4h. Payment of Fee(s):	Please first rea	nnly any previously paid issue fee shown ab	nove)

X Issue Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Nublication Fee (No small entity discount permitted)

Advance Order - # of Copies one (1) 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Typed or printed name David M. Crompton Registration No. 36,772

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